Instructions for Monthly Report of Operation — Trickling Filter or RBC Wastewater Treatment Plant

State Form 53340

Please direct questions or comments to Don Daily at 317/234-2579 or 800/451-6027 extension 4-2579, or by e-mail to ddaily@idem.IN.gov.

Instructions

General information (Facility Name, Permit Number, etc.) needs to be entered into the top box on the first page of January's report. This information will then show up on subsequent pages of the MRO automatically. However, should information change, the information can be changed on subsequent months (you'll need to use "Unfreeze Panes" under the "Window" menu selection to access that area on other months).

There are some blank columns. Simply type in column headings to use them. If you are testing for TBOD rather than CBOD, please make that correction to the column headings. For those columns that have "indefinite" headings (e.g. "hrs. or gal x 1000"), revise the heading to reflect your data. If you are using UV disinfection, convert one of the chlorine columns to "UV Intensity".

Notes

Generally, the weekly average shows up on Saturday of each week. The exception is when a week overlaps two months. When a week contains days from two months, the weekly average shows up on the month containing four or more of the days of that week. If most of the days occur in the first month, the weekly average shows up on the last day of that month.

The cells with a yellow background contain formulas that calculate the information for that cell from other data entered into the worksheet. Cells containing formulas are "locked" to prevent accidental modification. Should you find it necessary to remove the cell protection, the password is: mro

"Freeze Panes" has been used to keep row and column labels visible as you scroll.

This feature can be turned off by selecting "Unfreeze Panes" under the Window menu selection.

After the December tab is one titled "Summary". This is a summary of the data entered into the 12 months of MRO forms and is for your use if desired in preparing an annual report, etc.

Do not use "cut & paste" or the space bar to make corrections. Each will likely cause errors.

E. Coli - The formula in the "average" box actually calculates the geometric mean. The program converts "TNTC" to 63,200 and converts "0" to "1" when calculating the monthly geometric mean.

Round off the calculated numbers as appropriate when transferring the information to your DMR.

The Primary Effluent "Dissolved Oxygen" column may be changed to "Alkalinity" if desired.

As with any important computer file, you should save a backup copy to a floppy disk or other location on a regular basis.

If the form does not print properly onto 4 pages, you'll need to adjust the print "scaling". Click on "File" and then "Page Setup" to find "scaling". You'll need to experiment to find the (lower) percentage that works for your printer.



Name of Facility			Permit Nun	nber
Month	Year	Plant Desig	n Flow	Telephone Number
January	2008		mgd	
Facility's e-mail add	ress (if available):			

	State Form 30040 (0-07)									Certified Ope		ne	.,	Class	Certificate	Number	Expirati	ion Date
		s		Total=		>	CI	HEMICA	LS				RAW	SEWAG	SE.			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)		Chlorine - Lbs	Lbs/Day or SG Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (if Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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	of Dat		lty of lay	v that th	is doc	ıment r	and all att	achments	woro	Signature of	Certified	Onerator			I	Date (<i>mon</i>	th day v	ear)
prepared the interest that the state information the state information that the state information that	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manathe system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge an belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine.							stem iluate manage ge and ficant	Signature of			ficer or auth	norized age		Date (<i>mon</i>			
penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																		

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53340 (8-07) Name of Facility Permit Number For Month Of: Year Signature of Certified Operator Date (month, day, year) Signature of principal executive officer or authorized agent Date (month, day, year)

2008

January

	PRIMARY RBC					ЗС		SE	CONDA	RY	FINAL EFFLUENT					
	Е	FFLUEN	IT	Trickling	Filter			Е	FFLUEN	IT		-			_	
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53340 (8-07)

State 1 0111 333+0 (0-01)			
Name of Facility	Permit Number	For Month Of:	Year
		January	2008
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	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)

	FINAL EFFLUENT															
	Fle	ow		В	DD		Tota	l Suspe	nded So	olids		Amn	nonia		Oth	ner
য় ৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪৪	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 53340 (8-07)

	()		
lame of Facility	Permit Number	For Month Of:	Year
		January	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	SLUD	GE TO					DIG	ESTER (OPERAT	ION				
	DIGF	STER	Ana	erobic (Only		Dig		CI LIVA	.0.1				
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility

Month

Year

Plant Design Flow
February

2008

Facility's e-mail address (if available):

State Form 53340 (8-07)									racility S e-			ilabie).						
										Certified Operator: Name Class Certificate Number Expiration Da							on Date	
		<u>S</u>		Total=		WC	CI	HEMICA USED	LS				RAW	SEWAC	SE .			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		February	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	F	PRIMAR	Y		RI	ВС		SECONDARY			FINAL EFFLUENT				FINAL EFFLUENT				
	E	FFLUEN	<u>IT</u>	Trickling	Filter			E	FFLUEN	IT		ı	•	•					
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Нd	Dissolved Oxygen - mg/l	Phosphorus - mg/l			
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

State Form 53340 (8-07)

State Form 53340 (8-07)			
Name of Facility	Permit Number	For Month Of:	Year
		February	20

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	Signature of Certified Operator	Date (month, day, year)
	Signature of principal executive officer or authorized agent	Date (month, day, year)
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							INAL EFFLUENT									
	Fle	ow		BC	DD		Total Suspended Solids					Amn	nonia		Oth	er
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53340 (8-07) Name of Facility Permit Number For Month Of: February February February February For Month Of: For Month Of: February For Month Of: February For Month Of: For Month Of: February For Month Of: For Month Of: February For Month Of: For Month Of: For Month Of: February For Month Of: F

	SLUDGE TO						DIG	ESTER (OPERAT	TION				
	DIGE	STER	Ana	erobic (Only		<u> </u>							
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Нф	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Num	nber
Month	Year	Plant Desig	n Flow	Telephone Number
March	2008		mgd	
Facility's e-mail addr	ess (if available):			

State Form 53340 (8-07)										Facility's e-mail address (if available): Certified Operator: Name Class Certificate Number Expiration Date								
										Certified Operator: Name Class Certificate Number Expiration Date								
		<u> </u>		Total=		WC	CI	HEMICAI USED	LS				RAW	SEWAG	E			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature of principal executive officer or authorized agent place. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										, 437, 30	·)							

Signature of Certified Operator

State Form 53340 (8-07)

March 2008	ame of Facility	Permit Number	For Month Of:	Year
			March	2008

Signature of principal executive officer or authorized agent Date (month, day, year)

Date (month, day, year)

	PRIMARY RBC					SECONDARY			FINAL EFFLUENT							
EFFLUENT				Trickling	Filter			Е	FFLUEN	T		-	-			
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Monthly Report of Operation Trickling Filter or RBC

Tricking Filter of I	VDC
Wastewater Treatn	nent Plant
State Form 53340 (8-07)	
Name of Facility	Permit Number

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te Form 53340 (8-07)				Signature of principal executive officer or authorized agent	Date (month, day, year)
e of Facility	Permit Number	For Month Of:	Year	- · · · · · · · · · · · · · · · · · · ·	

2008

March

Signature of Certified Operator

Date (month, day, year)

	FINAL EFFLUENT															
	Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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Data																

	MONTHLY REMOVAL SUMMARY									
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)					
Primary Treatment										
Secondary Treatment					Percent Capacity					
Tertiary Treatment					(actual flow/design)					
Overall Treatment				·						

Monthly Report of Operation Signature of Certified Operator Date (month, day, year) **Trickling Filter or RBC Wastewater Treatment Plant** State Form 53340 (8-07) Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of: Name of Facility Permit Number 2008

March

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	SLUD	GE TO			.	ı	DIG	ESTER (OPERA1	ION	ı	ı		
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Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Нd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



State Form 53340 (8-07)

Name of Facility	/		Permit Nun	nber
Month	Year	Plant Desig	n Flow	Telephone Number
April	2008		mgd	
Facility's e-ma	ail address (if availabl	e):		

	State 1 01111 33340 (0-01)							Certified Ope		ne		Class	Certificate	Number	Expirati	ion Date		
				Total=		>	C	CHEMICALS					RAW	SEWAG	BE			
		only				ərflo		USED	<u>ا</u> ک									1
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Signature of Certified Operator

State Form 53340 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		April	2008

Signature of principal executive officer or authorized agent Date (month, day, year)

Date (month, day, year)

	PRIMARY RBC				SECONDARY					FINAL EFFLUENT						
	Е	FFLUEN	IT	Trickling	Filter			E	FFLUEN	IT						
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Нq	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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State Form 53340 (8-07)

e of Facility	Permit Number	For Month Of:	Year
		April	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

						FI	NAL EF	FLUENT				<u>'</u>						
	FI	ow		В	OD		Tota	al Suspe	nded So	olids		Amn	nonia	1	Oth	ner		
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average				
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

State Form 53340 (8-07)
Signature of principal executive officer or authorized an

April

	Signature of Certified Operator	Date (<i>monin, day, year</i>)
ır	Signature of principal executive officer or authorized agent	Date (month, day, year)
2008		

DIGESTER		SLUD	GE TO				DIGESTER OPERATION								
Day O Month Primary Studge Cal. x 1000 Cal. x 1000		DIGE	STER	Ana	erobic (Only							_		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Num	nber
Month	Year	Plant Desig	n Flow	Telephone Number
May	2008		mgd	
Facility's e-mail addr	ess (if available):			

	State Form 53340 (8-07)									Certified Ope		ess (II ava	ilabie).	Class	Certificate	a Number	Evnirat	ion Date
										Certified Ope	rator. Ivai	iic		Ciass		5 IVGIIIDGI	LAPITAL	ion bate
		[y]		Total=		wo	CI	HEMICA USED	LS				RAW	SEWAC	SE.			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Signature of Certified Operator	Date (month, day, year)

State Form 53340 (8-07)

ame of Facility	Permit Number	For Month Of:	Year
		May	2008

Signature of principal executive officer or authorized agent Date (month, day, year)

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		FFLUEN		Trickling	Filter	Ī		E	FFLUEN	IT		•		5_1	-	
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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State Form 53340 (8-07)

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me of Facility			Permit Number	For Month Of:	Year
				May	2008

Signature of Certified Operator	Date (<i>month, day, year</i>)
Signature of principal executive officer or authorized agent	Date (month, day, year)

	FINAL EFFLUENT																
	Fle	ow		В	DD		Tota	l Suspe	nded So	olids		Amn	nonia		Other		
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average			
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	MONTHLY REMOVAL SUMMARY									
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)					
Primary Treatment										
Secondary Treatment					Percent Capacity					
Tertiary Treatment					(actual flow/design)					
Overall Treatment										

Signature of principal executive officer or authorized agent

Signature of Certified Operator

Date (month, day, year)

State Form 53340 (8-07)

2008 May

Date (month, day, year)

	SLUDGE TO						DIGESTER OPERATION						
	DIGE	STER	Ana	erobic (Only							ے	
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:



Name of Facility	,	Permit Number					
Month	Year	Plant Desig	n Flow	Telephone Number			
June	2008		mgd				
Facility's e-ma	ail address (if availabl	e):					

State Form 53340 (8-07) Certified Operator: Name Class Certificate Number Expiration Date CHEMICALS **RAW SEWAGE** Total= Collection System Overflow Man-Hours at Plant (Plants less than 1 MGD only) **USED** Lbs/Day or Gal./Day Lbs/Day or Gal./Day Precipitation - Inches Bypass At Plant Site ("x" If Occurred) Influent Flow Rate (If Metered) (MGD) Susp. Solids - mg/l Phosphorus - mg/l Susp. Solids - Ibs Air Temperature "x" If Occurred) Ammonia - mg/l Chlorine - Lbs Day Of Month CBOD5 - mg/l Day of Week CBOD5 - lbs Hd 1 Sun Mon 3 Tue 4 Wed 5 Thu 6 Fri 7 Sat 8 Sun Mon Tue 11 Wed 12 Thu 13 Fri 14 Sat 15 Sun 16 Mon 17 Tue 18 Wed 19 Thu 20 Fri 21 Sat Sun 23 Mon 24 Tue 25 Wed 26 Thu 27 Fri 28 Sat 29 Sun 30 Mon Average Maximum Minimum No. of Data Signature of Certified Operator I certify under penalty of law that this document and all attachments were Date (month, day, year) prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the Signature of principal executive officer or authorized agent Date (month, day, year) information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant

penalties for submitting false information, including the possibility of fine and

imprisonment for knowing violations.

Signature of Certified Operator	Date (month, day, year)

State Form 53340 (8-07)

ame of Facility Permit Number For Month Of: Year

June 2008

Signature of principal executive officer or authorized agent Date (month, day, year)

	F	PRIMAR	Y	I	RE	3C		SE	CONDA	RY	FINAL EFFLUENT					
	Ē	FFLUEN	IT	Trickling	Filter	ĺ		E	FFLUEN	IT		-			-	
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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State Form 53340 (8-07) Signature of principal executive officer or authorized agent

Signature of Certified Operator

Date (month, day, year)

Date (month, day, year)

For Month Of: 2008 June

	FINAL EFFLUENT															
	Fle	ow		ВС	OD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	MONTHLY REMOVAL SUMMARY									
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)					
Primary Treatment										
Secondary Treatment					Percent Capacity					
Tertiary Treatment					(actual flow/design)					
Overall Treatment										
			•	•	•					

Signature of Certified Operator

Date (month, day, year)

Date (month, day, year)

State Form 53340 (8-07) Signature of principal executive officer or authorized agent For Month Of: 2008 June

SLUDGE TO							DIG	ESTER (OPERAT	ION				
	DIGE	STER	Ana	erobic (Only							Ę		
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



Name of Facility			Permit Number				
Month	Year	Plant Desig	n Flow	Telephone Number			
July	2008		mgd				
Facility's e-mail add	lress (if available):						

1.1		Wastewater Treatment Plant						July		2008			mgd					
/	/816	9	State F	orm 533	340 (8-0	07)				Facility's e-r	mail addr	ess (if ava	ilable):					
										Certified Ope	rator: Nar	ne		Class	Certificate	Number	Expirati	on Date
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		(کار		Total=		wo	Ci	HEMICA USED	LS				KAW	SEWAG	jE			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53340 (8-07) Signature of ori

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or authorized agent	Date (month, day, year)

, ,			
ame of Facility	Permit Number	For Month Of:	Year
		July	2008

PRIMARY			Υ	RBC				SE	SECONDARY			FINAL EFFLUENT				
	Е	FFLUEN	IT	Trickling	Filter			E	FFLUEN	IT						
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Нd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

gnature of Certified Operator	Date (month, day, year)

State Form 53340 (8-07)

Signature of principal executive officer or authorized agent Date (month, day, year) For Month Of:

2008

July

	FI							FLUENT									
	Flo	ow		BC	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average			
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	Total Monthly Flo	w:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)	
Primary Treatment						
Secondary Treatment					Percent Capacity	
Tertiary Treatment					(actual flow/design)	
Overall Treatment						

Monthly Report of Operation Trickling Filter or RBC

vvas	stewa	itei	reatment Pia	ant

Nastewater ⁻	Treatment Pla	ınt			
State Form 53340	(8-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
ame of Facility	Permit Number	For Month Of:	Year	- · g · · · · · · · · · - · · - · · · ·	,
		July	2008		

Signature of Certified Operator

Date (month, day, year)

	SLUD	GE TO					DIG	ESTER (OPERAT	ION			
	DIGE	STER	Ana	erobic (Only							Ľ.	
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Нd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
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Send completed forms by the 28th of the month to:



Name of Facility		Permit Number			
Month	Year	Plant Desig	n Flow	Telephone Number	
August	2008		mgd		

`	/816		State F	orm 533	340 (8-	07)				Facility's e-	mail addr	ess (if ava	ilable):					
										Certified Ope	erator: Nar	me		Class	Certificate	e Number	Expirati	ion Date
	ı		ı				0.	IENNIOA					D 414	0514/4				
		<u>ر</u> خ		Total=		ΜO	CI	HEMICA USED		RAW SEWAGE				žΕ				
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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			alty of lav	w that th	is docu	ıment a	and all att	achments	were	Signature of	Certified (Operator				Date (<i>mon</i>	ith, day, y	ear)
prep desi the i	prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the						stem Iluate manage	Signature of Certified Operator										
infor	information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant						ge and	Signature of principal executive officer or authorized agent				nt	Date (month, day, year)					
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								3									

State Form 53340 (8-07)
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ame of Facility	Permit Number	For Month Of:	Year
		August	2008

Signature of Certified Operator	Date (month, day, year)
Signature of principal executive officer or	Date (month, day,
authorized agent	year)

		RIMAR			RE	3C		SE	CONDA	RY	FINAL EFFLUENT					
	Е	FFLUEN	IT	Trickling	Filter			E	FFLUEN	IT						
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	рН	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Monthly Repo	rt of Operation			Signature of Certified Operator	Date (month, day,
Trickling Filter	r or RBC				year)
Wastewater Ti	reatment Plant				
State Form 53340 (8	3-07)			Signature of principal executive officer or	Date (month, day,
Name of Facility	Permit Number	For Month Of:	Vear	authorized agent	year)
		August	2008	_	
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						FI	NAL EF	FLUENT								
l t	Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
onth	Effluent Flow Rate (MGD)	low verage	mg/l	mg/l verage	sql	lbs/day verage	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	ids - Ibs	Susp. Solids - Ibs/day Weekly Average	- mg/l	- mg/l verage	sql -	Ammonia - Ibs/day Weekly Average		
Day Of Month	Effluent F (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. So	Susp. Sol Weekly A	Susp. Solids - Ibs	Susp. Solids - Ibs Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/da Weekly Average		
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	MONTHLY RE	MOVAL SUMMA	\RY		Total Monthly Flow:
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					
					-

		ort of (er or R	Operati BC	ion			Signature o	of Certified (Operator			Date	(month, da	y, year)
Waste	water ⁻	Treatm	ent Pla	ant										
	m 53340						Signature o	of principal e	executive of	ficer or auth	norized agei	nt Date	(month, da	y, year)
Name of Facil	ity	Permit Numb	er	For Month Of	:	Year		, F=/\			30		, .,, -0,	, , , · · · /
				August		2008								
	SLUD	GE TO				<u> </u>	DIG	ESTER (OPERAT	TION				
		STER	Ana	erobic (Only							Ę		
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:



State Form 53340 (8-07)

Name of Facility			Permit Num	nber
Month	Year	Plant Desig	n Flow	Telephone Number
September	2008		mgd	

Facility's e-mail address (if available):

			State F	orm 533	340 (8-0	37)				Facility's e-			iabie):	01	0	Ni	F	in Dete
										Certified Ope	rator: Nar	ne		Class	Certificate	Number	Expirat	ion Date
		(ylc		Total=		wo	CI	HEMICA USED	LS				RAW	SEWAC	SE.			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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			ilty of lav	w that th	is docu	ıment a	and all att	achments	were	Signature of	Certified (Operator			[Date (<i>mon</i>	nth, day, y	ear)
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ignature of principal executive officer or authorized agent	Date (month, da

Signature of Certified Operator

State Form 53340 (8-07)

lame of Facility	Permit Number	For Month Of:	Year		
		September	2008		

lay, year)

Date (month, day, year)

	F	PRIMAR	Y		RI	3C		SE	CONDA	RY	FINAL EFFLUENT					
	Е	FFLUEN	IT	Trickling	Filter			Е	FFLUEN	IT						
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

		Signature of Certified Operator	Date (month, day, year)
		Signature of principal executive officer or authorized agent	Date (month, day, year)
For Month Of:	Year	orginalars of printopal should be smooth of datherized agent	Bate (momin, day, your)
September	2008		
		For Month Of: Year	Signature of principal executive officer or authorized agent

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	FI	ow		ВС	DD .	Г	Tota	al Suspe	nded So	olids		Amn	nonia		Otl	her
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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S.S.	Ammonia	Phosphorus	(million gallons)
			Percent Capacity
			(actual flow/design)

Trickli	ng Filt	er or R					Signature o	of Certified (Operator			Date	(month, da	y, year)
			ent Pla	ant										
State For							Signature o	of principal e	executive of	ficer or auth	norized agei	nt Date	(month, da	y, year)
Name of Facil	ity	Permit Numb	er	For Month Of		Year		1					, ,	,. , <i>j</i>
				Septem	ber	2008								
	SLUD	GE TO					חוכ	ESTER (OPERAT	LION				
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Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

Name of Facility			Permit Nu	mber
Month	Year	Plant Des	sign Flow	Telephone Number
October	2008		mgd	
Facility's e-mail	address (if availab	le):		

State Form 53340 (8-07)									Facility's e-mail address (if available):									
										Certified Operator: Name Class Certificate Number Expiration Date								
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		nly)		Total=		flow	CI	HEMICAL USED					RAW	SEWAG	SE			
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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Trick Waste	ling Fi ewate	ilter or r Treatı	ment P						Signature o	of Certified C	Operator			Dat	te (<i>month, da_j</i>	y, year)
State Fo		40 (8-07)	Permit Number	oer	For Month Of	f:	Year		Signature o	of principal e	executive of	ficer or auth	norized ager	nt Dat	te (<i>month, da</i>	ıy, year)
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		PRIMAR' FFLUEN		Trickling		BC]	l		CONDA FFLUEN			F	FINAL EF	FFLUE	NT	
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Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Avg.																
Max.																
Min. Data																
	ents for th	ne Month	(major re	pairs, bre	akdowns,	process	upsets an	d their ca	uses, inpl	lant treatm	nent proce	ess bypas	ss, etc.):			

Tricl Was	Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53240 (8-07)							Signature o	of Certified (Operator				Date (mo	nth, day, ye	ar)
	State Form 53340 (8-07) Name of Facility Permit Number For Month Of: Year							Signature o	of principal of	executive of	ficer or auth	norized ager	nt	Date (mo	nth, day, ye	ar)
	October 20															
						FII	NAL EF	FLUENT								
	Fle	ow		BO	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Other	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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Day Of Month	Effluent Flow Rati (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg	Susp. Solids - mg Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/da Weekly Average	
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MONTHLY REMOVAL SUMMARY											
BOD5	S.S.	Ammonia	Phosphorus	(million gallons)							
				Percent Capacity							
				(actual flow/design)							
	BOD5	BOD5 S.S.	BOD5 S.S. Ammonia								

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant State Form 53340 (8-07)							Signature o	of Certified (Operator			Date	(month, da	y, year)
				ant										
				I= ·		To a	Signature o	of principal e	executive of	ficer or auth	norized agei	nt Date	(month, da	y, year)
lame of Facil	lity	Permit Numb	er	For Month Of		Year								
				October	•	2008	l							
	SLUD	GE TO					DIG	ESTER (OPERAT	ION				
	DIGE	STER	Ana	aerobic (Only							_		
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Name of Facility			Permit Nun	nber				
Month	Year	Plant Desig	n Flow	Telephone Number				
November	2008		mgd					
Facility's e-mail address (if available):								

State 1 01111 33340 (0-07)									Certified Ope		ne		Class	Certificate	Number	Expirati	on Date	
				Total=			CI	HEMICA	LS				RAW	SEWAG	SE.			
		nly)		. 0101		flow	<u> </u>	USED										
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If Metered) (MGD)	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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prepa design the in	ared ui ined to informa	nder my assure tion sub	directio that qua mitted. I	n or sup alified pe Based o	ervisio ersonn n my ir	n in accel proper el proper nquiry c	cordance erly gathe of the pers	with a system and evalued with a system a	stem Iluate									
							for gather	ering the knowledg	ge and	Signature of	principal e	executive of	icer or auth	orized ager	nt [Date (<i>mon</i>	th, day, ye	ear)
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			tting fals			includir	ng the po	ssibility of	fine and									

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

Signature of Certified Operator	Date (month, day, year)

State Form 53340 (8-07)

Name of Facility	Permit Number	For Month Of:	Year
		November	2008

Signature of principal executive officer or authorized agent Date (month, day, year)

	PRIMARY				RBC			SECONDARY			FINAL EFFLUENT					
		FFLUEN		Trickling					FFLUEN			-			-	
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Monthly Repo	rt of Operation			Signature of Certified Operator	Date (month, day, year)
Trickling Filte	r or RBC				
Wastewater Ti	reatment Plant				
State Form 53340 (8	8-07)			Signature of principal executive officer or authorized agent	Date (month, day, year)
Name of Facility	Permit Number	For Month Of:	Year	I	Bate (menun, day) year y
		November	2008		

FINAL EFFLUENT Flow BOD Total Suspended Solids Ammonia													\dashv			
	Fle	ow		ВС	DD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	er
	ate	Ф		Ф		ay e	l/gu	ng/l e	sq	bs/day e	ı	٦ e		day		
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
	Efflue (MGD	Efflue Week	CBO	CBOI Week	CBO	CBOI Week	Susp.	Susp. Week	Susp.	Susp. Week	Ammo	Amma Week	Ammo	Amma Week		
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	Total Monthly Flow:				
Percent Removal	BOD5	Ammonia	Phosphorus	(million gallons)	
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Trickli	ng Filt	ort of 0 er or R Treatm	ВС				Signature o	f Certified C	Operator			Date	(month, da	y, year)
State For				4110										
Name of Facil		Permit Number	er	For Month Of	:	Year	Signature o	f principal e	executive of	ficer or auth	orized ager	nt Date	(month, da	y, year)
				Novemb	oor	2008								
				novemi	<u>jei</u>	2006								
	SLUD	GE TO					DIG	ESTER (OPERAT	ION				
		STER	Ana	erobic (Only							_		
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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imprisonment for knowing violations.

Name of Facility			Permit Nun	nber	
Month	Year	Plant Desig	n Flow	Telephone Number	
December	2008		mgd		
Facility's e-mail a	ddress (if availah	ام).			

State Form 53340 (8-07) Class Certificate Number Expiration Date Certified Operator: Name CHEMICALS **RAW SEWAGE** Total= ("x" If Occurred)
Collection System Overflow Man-Hours at Plant (Plants less than 1 MGD only) **USED** Lbs/Day or Gal./Day Lbs/Day or Gal./Day Precipitation - Inches Bypass At Plant Site Influent Flow Rate (If Metered) (MGD) Susp. Solids - mg/l Phosphorus - mg/l Susp. Solids - Ibs Air Temperature "x" If Occurred) Ammonia - mg/l Chlorine - Lbs Day Of Month CBOD5 - mg/l Day of Week CBOD5 - lbs Mon Tue 3 Wed 4 Thu 5 Fri 6 Sat 7 Sun 8 Mon Tue Wed 11 Thu 12 Fri 13 Sat 14 Sun 15 Mon 16 Tue 17 Wed 18 Thu 19 Fri 20 Sat 21 Sun 22 Mon 23 Tue 24 Wed 25 Thu 26 Fri 27 Sat 28 Sun Mon 30 Tue 31 Wed Fill in January's effluent data on page 3 as needed for weekly average calculations. Average Maximum Minimum Signature of Certified Operator Date (month, day, year) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and Signature of principal executive officer or authorized agent Date (month, day, year) belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

signature of Certified Operator	Date (month, day, year)

State Form 53340 (8-07)

lame of Facility	Permit Number	For Month Of:	Year
		December	2008

Signature of principal executive officer or authorized agent Date (month, day, year)

	PRIMARY				RBC			SECONDARY			FINAL EFFLUENT					
	Е	FFLUEN	IT	Trickling	Filter			Е	FFLUEN	IT						
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comments for the Month (major repairs, breakdowns, process upsets and their causes, inplant treatment process bypass, etc.):

	onthly Report of Operation ickling Filter or RBC astewater Treatment Plant								of Certified (Operator				Date (mo	nth, day, ye	ear)
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	tewater Form 5334		ent Pla	ant												
Name of I		10 (6-07)	Permit Numb	er	For Month Of	:	Year	Signature of	of principal of	executive of	ficer or auth	norized agei	nt	Date (mo	nth, day, ye	ear)
					Decemb	er	2008									
	FI	ow	1	R	OD	FI		FLUENT al Suspe		nlide	1	Δmn	nonia		Otl	ner
		<u> </u>					100	Guope	naca o				l		<u> </u>	
Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:										
Percent Removal	(million gallons)										
Primary Treatment											
Secondary Treatment	econdary Treatment F										
Tertiary Treatment					(actual flow/design)						
Overall Treatment											

		ort of (er or R		ion			Signature o	of Certified (Operator			Date	(month, da	y, year)
Waste	water ⁻	Treatm	ent Pla	ant										
State For	m 53340	(8-07) Permit Number	or.	For Month Of:		Year	Signature o	of principal e	executive of	ficer or auth	orized ager	nt Date	(month, da	y, year)
Name of Facil	iity	remii Numbi	zi											
				Decemb	er	2008								
		GE TO					DIG	ESTER (OPERAT	ION				
	DIGE	STER	Ana	erobic C	Only	_	"	б	70	б	70	NN		
Day Of Month	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Annual Summation of Monthly Reports of Operation 2008

PERCENT REMOVAL SUMMARY											
	BOD5	S.S.	Ammonia	Phosphorus							
Primary Treatment											
Secondary Treatment											
Tertiary Treatment											
Overall Treatment											

	only)			wo	С	HEMICA USED									PRIMARY EFFLUENT			RBC		SECONDARY EFFLUENT				
	Man-Hours at Plant (Plants less than 1 MGD on	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflov ("x" If Occurred)	Chlorine - Lbs	Lbs/Day or Gal./Day	Lbs/Day or Gal./Day	Influent Flow Rate (If I	Hd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l		CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l
Average																								
Maximum																								
Minimum																								
Totals																								
No. of Data																								
Estimated An	nual Tota	als (Ave	rage X 3	65)																				

											FINA	L EFFLU	JENT									
								ow	BOD				Total Suspended Solids				Ammonia				Other	
	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
Average																						
Maximum																			·			
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Totals																						
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Estimated An	Estimated Annual Totals (Average X 365)					Î																

	SLUDGE TO						DIG	ESTER (OPERAT	TION			
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	Primary Sludge Gal. x 1000	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000	
Average													
Maximum													
Minimum													
Totals													
No. of Data													

Pla	nt Design Flow	
An	nual Average Flow	
Ca	pacity Used	